Patent Application Data Sheet

Application Information

Application Type:

Regular

Subject Matter:

Utility

Suggested

Classification:

Suggested Group Art

Unit:

CD-ROM or CD-R?:

Number of CD disks:

Number of copies of CDs:

Sequence submission?:

Computer Readable

Form (CRF)?:

Yes

Number of copies of CRF:

Title:

METHOD AND APPARATUS FOR DETERMINING

PERIPHERAL BREAST THICKNESS

Attorney Docket Number:

2223-198

Request for Early

Publication?:

No

Request for Non-Publication?:

No

Suggested Drawing Figure:

1

Total Drawing Sheets:

12

Small Entity?:

No

Latin Name:

Variety denomination name: Petition included?: No Petition Type: Licensed US Govt. Agency: **Contract or Grant** Numbers: Secrecy Order in Parent Appl.?: **Applicant Information Inventor Authority Type:** Inventor **Primary Citizenship** Country: Canada **Full Capacity** Status: Given Name: Dan Middle Name: Family Name: Rico Name Suffix: on/CAX City of Residence: **Toronto** State or Prov. Of Residence: Ontario Country of Residence:

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Canada

Toronto

Street of mailing address:

City of mailing address:

State or Province of

mailing address:

Ontario

Country of mailing address:

Canada

Postal or Zip Code of

mailing address:

M3H 4X9

Inventor Authority Type:

Inventor

Primary Citizenship

Country:

Canada

Status:

Full Capacity

2-00

Given Name:

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Middle Name:

Family Name:

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Name Suffix:

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ON/CAX

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Residence:

Ontario

Country of Residence:

Canada

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City of mailing address:

North York

State or Province of

mailing address:

Ontario

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Inventor Authority Type:

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Primary Citizenship

Initial 20/12/04

Country:

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Status:

Full Capacity

Given Name:

Gordon

3-00

Middle Name:

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Mawdsley

Name Suffix:

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State or Prov. Of

Country of Residence:

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ON/CAX

City of mailing address:

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State or Province of

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Country of mailing address:

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Country:

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Status:

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Given Name:

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Family Name:

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Name Suffix:

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State or Prov. Of

on/cax

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Country of Residence: Canada

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City of mailing address: Toronto

State or Province of

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Inventor Authority Type: Inventor

Primary Citizenship

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Residence: Ontario

Country of Residence: Canada

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001059

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(Max. 3 telephone numbers)

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E-Mail Address:

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(Max. 3 e-mail addresses)

Representative Information

Representative

Customer Number:

001059

Domestic Priority Information

Application:	Continuity Type:	Parent	Parent Filing
		Application:	Date:
This Application	National Stage of	PCT/CA03/00886	06/12/03

Foreign Priority Applications

Country:

Application

Filing Date:

Priority Claimed

Number:

CA

2,391,132

June 21, 2002

Yes

Assignee Information

Assignee name: Sunnybrook and Women's College Health Sciences

Centre

Street of mailing address:

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M4N 3M5